

2412

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

118
State File No.

Registrar's No. 491

1. Place of Death: (a) County Graham (b) City or Town Safford (c) Location Morris Symbi
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution Dead at Birth In Community in Arizona
(Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State Arizona (b) County Graham (c) City or Town Safford
(If outside city limits also write RURAL)
(d) Street No. _____; (e) Citizen of foreign country (yes or No) _____
3. (a) FULL NAME Aronila Deal (b) If Veteran name war If Yes, which country _____
Social Security No. _____ (If NONE write the word)

4. Sex Female 5. Color or Race White 6. (a) Single, married, widowed or divorced Infant
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife, if alive _____ yrs.
7. Birthdate of deceased 8-2-1942
(Month) (Day) (Year)
8. AGE: Years _____ Months _____ Days _____ If less than one day
hrs _____ min _____

9. Birthplace Safford Ariz
(City, town or county) (State or Country)

10. Usual Occupation _____

11. Industry or Business _____

12. Name Claude S. Deal
13. Birthplace Exmore Okla
(City, town or county) (State or Country)

14. Maiden Name Billie Thompson
15. Birthplace Pima Ariz
(City, town or county) (State or Country)

16. (a) Informant's own signature Claude Deal
(b) Address Asbury, Ariz

17. (a) Burial, Cremation or Removal Burial
(b) Place Pima (c) Date 8/2/1942

18. (a) Embalmer's Signature _____
(b) Funeral Director Claude Deal
(c) Address Asbury Ariz

19. (a) Sept 9, 1942
(Date received local Registrar)
(b) M. H. Stratton
(Registrar's Signature)

20M 100% Reg 9-19-41

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Full Aug 2, 1942
TIME (Hour and minute) 10:30 M.

21. I hereby certify that I attended the deceased from Aug 2, 1942 to July, 1942;
that I last saw her alive on Aug 2, 1942,
and that death occurred on the date and hour stated above.

Immediate cause of death Unknown

Still Born

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or Town) _____ (County) _____ (State) _____

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____ (Specify type of place) _____

While at work? _____ (a) Means of injury _____

23. Signature Ed Thompson M. D.
Address Safford Date signed 8/2/42

DURATION

PHYSICIAN

Underline the cause to which death should be charged statistically